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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2218

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 73

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY IN THIS TOWN: 15 yrs IN ARIZONA: 15 yrs
C. CITY OR TOWN: Douglas ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Douglas Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz. COUNTY: Cochise
C. CITY OR TOWN: Douglas ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 911 14th St

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Bertram B. (MIDDLE) Raymond C. (LAST) Anderson
4. SEX: M
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): divorced
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH May DAY 13 YEAR 1894
8. AGE (IN YEARS LAST BIRTHDAY): 61 IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Entomology
9B. KIND OF BUSINESS OR INDUSTRY: U S Gov't
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): S.Dakota
11. CITIZEN OF WHAT COUNTRY?: U S
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): yes (IF YES, WAR OR DATES OF SERVICE): I
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Hans Daniel Anderson
14B. BIRTHPLACE (STATE OR COUNTRY): Denmark
15A. MOTHER'S MAIDEN NAME: Florence Emma Willard
15B. BIRTHPLACE (STATE OR COUNTRY): N.Y.
16. INFORMANT'S SIGNATURE: Bertram Anderson Jr. ADDRESS: Terre Haute, Ind.
17. DATE OF DEATH (MONTH) 4 (DAY) 17 (YEAR) 1956

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-10-56, 19__, TO 4-17-56, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 4-17-56, 19__, AND THAT DEATH OCCURRED AT 4:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): G. Beary MD
22B. ADDRESS: Douglas Ariz
22C. DATE SIGNED: 4-17-56

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 4-20-56
25C. NAME OF CEMETERY OR CREMATORY: Calvary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Ariz
26A. DATE REC. BY LOCAL REG.: APR 20 1956
26B. REGISTRAR'S SIGNATURE: Eve Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Leslie Brown
27B. ADDRESS: Douglas Ariz

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